

**EXHIBIT 5**

(Plaintiff's Response and Brief in Opposition of Defendants' Motion for  
Summary Judgment)

## Marquette County Jail Inmate Intake Form

Medical marijuana and weapons of any type are not allowed in the facility. All arrest entering the facility without known medical problems are to be handcuffed behind the back. This form must be filled out completely by the arresting/transporting officer before transferring custody of the prisoner to the Marquette County Jail. Failure to comply with this form in its entirety will result in NON-acceptance of the prisoner.

## Person Information

Last Name: Hill	First Name: Richard	Middle Name: Jack
DOB: [REDACTED]	Race: W	Sex: M

## Medical/Mental Health History

Is the arrestee believed to be under the influence of drugs (What type and were found) or alcohol (BAC Results):

Alcohol .214 PBT

Do you have any reason to think this person has medical concerns:

No

Was this person involved in an auto accident prior to arrest:

No

Did this person receive any medical treatment prior to lodging: (Explain)

No

Has this person attempted self harm or made comments of self harm prior to arrest:

No

Do you have any reason to think this person has mental health concerns:

No

Was force used during arrest (name what type of force):

## Vehicle Information

Was vehicle involved at arrest: Yes ☒ No ☐ Where towed:

## Arrest Information

Date of Arrest: 3-22-19	Time of Arrest: 22:26	Location: 427 Liberator
Transporting Officers/ Badges: Norch / 8416	Agency: F.T.P.D.	

Please Review and Sign Reverse Side of Form

Victim Information (Required for Domestic/Assaults/CSC)			
Victim Name: [REDACTED]			
Victim Address and Phone #: [REDACTED]			
Was alcohol involved:	Yes	Were weapons involved (Firearm/BBG):	No
Were there any injuries to the victim (What type):			
No visible injuries			

Charge Information							
#	Charge	Fel/Misd/Oth er	Warrant Arrest	Date of Incident	Warrant Holding Agency	Arrest File Class	Complaint Number
1	DV 750.812	misd	Y (N)	3/27/19	FTPD	1300-1	1A-75
2			Y N				
3			Y N				
4			Y N				

Was subject already fingerprinted:

Received by: \_\_\_\_\_  
(Corrections Deputy)

\_\_\_\_\_  
(Date & Time)

Completed by:   
(Officer Completing Form)

\_\_\_\_\_  
(Date & Time)

3-22-19  
2250